



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E419522**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-001080		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	UTILITY POLE

TRIBAL RESERVATION			
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES
DATE OF COLLISION	04 - 24 - 2015	1927	31
N S	E W	IN OF	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	2700
SOPER HILL	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
200 00 MILES <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	SR 9

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4259319544
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LAST NAME	RAVINE	FIRST NAME	JORDAN	MIDDLE INITIAL	D
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STREET NEW ADDRESS	7315 44TH ST NE
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CITY	MARYSVILLE	ST	WA	ZIP	982706909
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	RAVINJD053NJ	STATE	WA	SEX	M	D.O.B. M/M/D/YYYY	08 - 11 - 1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C91743C	STATE	WA	VIN#	1FTPX28LXWKA33590
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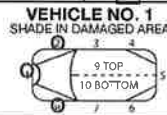
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1998	MAKE	FORD	MODEL	F2PU	STYLE	3C	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SPEEDWAY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SEAN RAVINE 23224 MARANATHA WAY ARLINGTON WA 98223**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4333524884
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3605632200
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LAST NAME	SNOHOMISH	FIRST NAME	PUD	MIDDLE INITIAL	
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STREET NEW ADDRESS	807 RAINIER ST
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	U	D.O.B. M/M/D/YYYY	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
J. KILROY #0132	#0132	WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E419522**

CASE # **15-001080**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LEE JAKE T																
ADDRESS & PHONE #		8304 160TH DR NE LAKE STEVENS WA 98258 4253460467																
SEX		M		D.O.B. MMDDYYYY		01		-		01		-		1994				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling east on Soper Hill Rd from SR 9. Driver of Unit 1 stated that his dog jumped from the backseat into his arms causing him to jerk the steering wheel to the left. The driver of Unit 1 said his vehicle left the roadway and struck a utility pole breaking it in half.

There were no injuries and Unit 1 was towed from the scene.

Driver of Unit 1 was at fault due to his unsecured dog jumping into his lap.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-25-15 03:30 AM

DATED

PLACE SIGNED

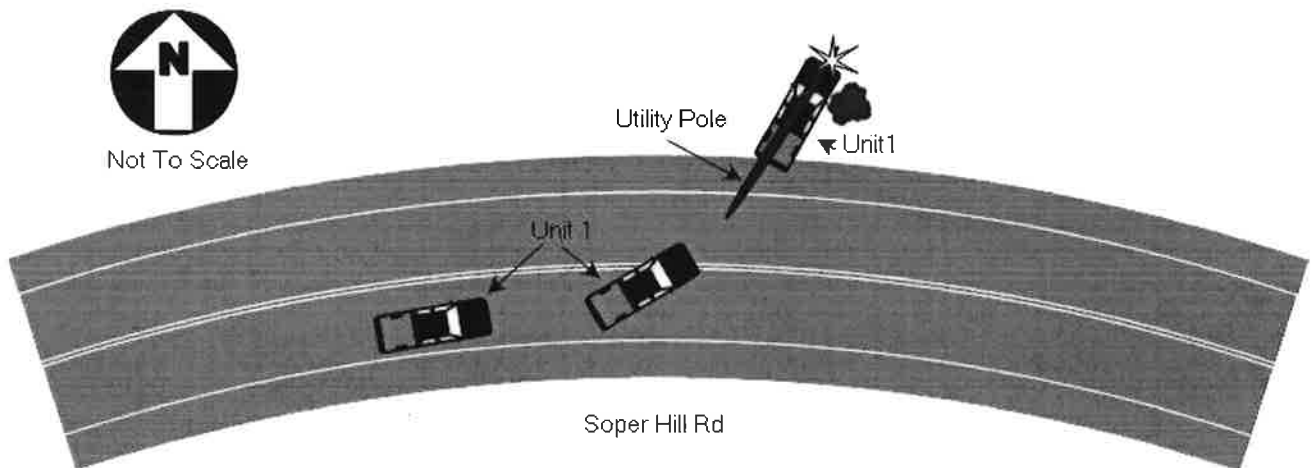
APPROVED BY

ROBERT MINER 095

DATE

4/27/2015 3:26:31 AM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	7:29 PM	TIME POLICE ARRIVED	7:34 PM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00106



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) JAKE Lee	RACE W	ETH	SEX M	DOB 1/1/94	AGE 21	HGT 5'10"	WGT 150	HAIR BRN	EYES BLU
STREET ADDRESS 8304 160 th Dr Ne		CITY Lake Stevens			STATE		ZIP	RES. STATUS		
HOME PHONE		CELL PHONE 425-346-8467			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Jake Lee, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

~~Me~~ Me and Jordan were turning on Somo hill and then ^{my (dog)} ~~she~~ jumped on Jordan's lap. Then we were in the bushes.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Jake Lee</u>	DATE SIGNED 4/24/15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: SKILROD/132	DATE SIGNED 4/24/15	LOCATION SIGNED LKS

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PAGE 1 OF 1

LSPD
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-001060



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Ravine Jordan Dean	RACE W	ETH	SEX M	DOB 8/11/95	AGE 19	HGT 5'10"	WGT 160	HAIR BLK	EYES BLU
STREET ADDRESS 7315 44th ST NE		CITY Marysville		STATE WA		ZIP 98272		RES. STATUS		
HOME PHONE		CELL PHONE 425-931-9544		PLACE OF EMPLOYMENT Destiny Construction						
WORK PHONE		EMAIL ADDRESS								

I, Jordan Ravine, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was turning off of Hwy 9 and my dog jumped out of the back seat landed on arms jerked the steering wheel and shot me into the bushes

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Jordan Ravine</u>	DATE SIGNED <u>4/24/15</u>	LOCATION SIGNED <u>Lake Stevens</u>
OFFICER/NUMBER: <u>SKILL-ROV/132</u>	DATE SIGNED <u>4/24/15</u>	LOCATION SIGNED <u>LKS</u>

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PAGE 1 OF 1

LSPD
ORIGINAL

Incident History for: #SS15007944 Xref: #SP15000702
Case Numbers: \$SS15001060
Received 04/24/15 19:27:46 BY SPCT08 JENIFE
Entered 04/24/15 19:28:39 BY SPCT08 JENIFE
Dispatched 04/24/15 19:29:23 BY SPDP17 SP0379
Enroute 04/24/15 19:29:23
Onscene 04/24/15 19:34:29
Closed 04/24/15 20:56:58

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: NORT
Src: 9
Loc: 2731 SOPER HILL RD , LKS btwn LAKE DR & SR 9 NE (V)
Latitude: (+) 48.021271 Longitude: (-) 122.108170

Loc Info: AT T MOBILITY,
Name: Addr: Phone: 4252324063

/1928 (JENIFE) ENTRY , CC, TRUCK VS POLE, NON INJ, NON BLK, DRIVER AND
PASSENGER ARE CASING DOG APPAR NON INJ, L/
/1929 (SP0379) DISPER 19N2 #SS131 WELLS, OFCR (CHAD)
/1929 (JENIFE) SUPP TXT: OCC ADV NON INJ
/1929 (SP0379) ASSTER 19N3 [2731 SOPER HILL RD , LKS]
#SS132 KILROY, OFFICER (JOSH)
/1934 (SS132) *ONSCNE 19N3
/1935 (SS131) REMINQ 19N2 MDTVEH, B56956X, , WA, , , , , , , , , , ,
/1935 REMINQ 19N2 MDTWANT, , , , , , WA, KAINDE300QA, , , , , , , , , , ,
/1936 (*****) REMINQ 19N3 C91743C
/1936 (ROGER) REMINQ 19N3 LIC, 19N3, C91743C, , ,
/1937 ONSCNE 19N2
/1937 MISC 19N2 , POLE SHEARED OFF - TRYING TO DETERMINE IF TELEP
HONE OR POWER
/1939 MISC 19N3 , SOPER HILL SHUT DOWN FROM SR 9 TO 27TH
/1940 MISC 19N3 , TELEPHONE POLE SHEARED OFF NEXT TO PUD POLE# CG
35, LINES OVER THE PUD WIRES/POLE
/1941 (SS95) *ASST 19S13 [2731 SOPER HILL RD , LKS]
#SS95 MINER, SGT (ROBERT)
/1944 (ROGER) CROSS #SP15000702
/1945 ASNCAS 19N3 \$SS15001060
/1947 (SS95) *ONSCNE 19S13
/1948 (SS132) REMINQ 19N3 MDTWANT, RAVINE, JORDAN, D, 081195, , , WA, , , , , , , , , , ,
/1953 REMINQ 19N3 MDTWANT, LEE, JAKE, T, 010194, , , WA, , , , , , , , , , ,
/2008 (SP0379) MISC 19N2 , 04/24/15 20:07:56 MESSAGE FROM: 19N2 SORRY.. DID
NT SEE UR LAST.. NO ONE INSIDE VEHICLE
/2008 \$PREMPT 19S13
/2009 MISC 19N2 , PUD ADV ETA 10-12 MIN
/2009 ASSTOS 19S13 [2731 SOPER HILL RD , LKS]
#SS95 MINER, SGT (ROBERT)
/2011 \$PREMPT 19S13
/2014 MISC 19N2 , PUD OS
/2014 ROTREQ 19N3 TOW 5348 LKS SPEEDWAY TOWING INC
3605635630
/2015 (*****) REMINQ 19N3 C91743C
/2015 (SP0379) REMINQ 19N3 LIC, 19N3, C91743C, , ,
/2016 MISC 19N3 , SPEEDWAY TOWING ER
/2024 MISC 19N2 , PUD CLEARED LINE ROADOPEN
/2024 \$PREMPT 19N2
/2031 MISC 19N3 , TOW OS

LSPD
ORIGINAL

/2056	CLEAR	19N3	D/H
/2056	CLOSE	19N3	

SPD
FINAL